DOCUMENT RESUME

ED 256 988 CG 018 210

AUTHOR Nehrke, Milton F.; And Others
TITLE Well-Being and Time: A Factor Analytic Study.
PUB DATE Nov 84
NOTE 11p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (37th, San Antonio, TX, November 16-20, 1984). From the Veterans Administration Medical Center, Bath, New York and the Veterans Administration Medical Research Service, Project No. 345-32-4119-19.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; Factor Analysis; *Factor Structure; Males; Test Interpretation; Test Validity; *Time Perspective; *Well Being
IDENTIFIERS *Life Satisfaction Index A; *Philadelphia Geriatric Center Morale Scale

ABSTRACT

While scales assessing psychological well-being have been used both as criterion measures and as variables of interest in their own right, there has been little attempt to deal with the issue of the time-boundedness of perceived well-being. A study was undertaken to examine the combined factor structure of two measures of well-being, the Philadelphia Geriatric Center Morale Scale (PGC) and the Life Satisfaction Index A (LSIA), and to explore the possibility of interpreting the resulting factors using time as a focus. Male residents (N=420) of a veteran's administration domiciliary were administered the PGC and the LSIA. The data from the two scales were combined and factor analyzed using a varimax rotation. Seven factors, which accounted for a total of 46.7 percent of the variance, were retained in the analysis. When a demanding loading criterion was used to define the factor structure of the combined well-being measures, the two measures were relatively independent. There did appear to be a time orientation aspect within the factors: four factors were oriented toward the present, one was oriented toward the past, and two were oriented toward the future. The results suggest that a person may simultaneously express varying levels of well-being regarding his past, present, and future. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED256988

Well-Being and Time: A Factor Analytic Study

Milton F. Nehrke, Ph.D.
V. A. Medical Center
Bath, New York

Stanley H. Cohen, Ph.D.
Department of Psychology
West Virginia University

Jerry F. Cataldo, Ph.D.
Department of Psychology
State University College
at Buffalo, New York

John B. Morganti, Ph.D.
Department of Psychology
State University College
at Buffalo, New York

Irene M. Hulicka, Ph.D.
Department of Psychology
State University College
at Buffalo, New York

Ralph R. Turner, Ph.D.
Abt Associates
55 Wheeler Street
Cambridge, Massachusetts

Susan K. Whitbourne, Ph.D.
College of Education and
Human Development
University of Rochester

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES FORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Mel A. Gores
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 018210

From the Veterans Administration Medical Center, Bath, N.Y. 14810 and the Veterans Administration Medical Research Service - Project No. 345-32-4119-19. Paper presented at the 37th Annual Scientific Meeting of the Gerontological Society of America, November 1984.

BEST COPY AVAILABLE

ABSTRACT

TITLE: Well-Being and Time: A Factor Analytic Study

AUTHORS: Milton F. Nehrke (VA Medical Center), Stanley H. Cohen (West Virginia Univer.), Jerry F. Cataldo (SUCNY Buffalo), John B. Morganti (SUCNY Buffalo), Irene M. Hulicka (SUCNY Buffalo), Ralph R. Turner (Art Assoc.) and Susan F. Whitbourne (Univer. of Rochester).

Recently, several investigators have factor analyzed various measures of well-being and various combinations of such measures. Two of the most frequently used measures of well-being are Lawton's Philadelphia Geriatric Center Morale Scale (PGC) (1975) and the Neugarten et al. Life Satisfaction Index A (LSIA) (1961). In the present study, 420 male residents living in a VA Domiciliary were tested using the PGC and the LSIA. The combined data for the two scales were factor analyzed using a varimax rotation with a limit of seven factors retained. The seven factors accounted for 46.7% of the variance. Using factor loadings of .5 or greater as the criterion, there was only minimal mixing of items from the two scales on the factors. Of the seven factors, I is the same as the PGC Agitation factor, II is similar to the LSIA Congruence factor, and III is essentially the PGC Attitude Toward Own Aging factor. Additionally, IV and V derive from the LSIA Mood Tone and Zest for Life factors. Beyond these labels each factor can also be classified as to time frame. Factors I, III, IV and VII focus on the present while factor II is oriented on the past and factors V and VI are future oriented. Thus, while overall well-being may be positive, a person may simultaneously express varying levels of well-being regarding his past life, his present situation and his future.

BEST COPY AVAILABLE

Scales assessing psychological well-being have been used both as criterion measures and as variables of interest in their own right. Instruments such as the Philadelphia Geriatric Center Morale Scale (Lawton, 1972) and the Life Satisfaction Index A (Neugarten, Havighurst and Tobin, 1961) are most often employeed as unitary or global measures of well-being and are then correlated with factors such as age, health status, SES and a variety of other variables.

Larson (1978) recently surveyed thirty years of work with well-being measures. In his overview of this literature Larson (1978) maintains that there is a core meaning or essence that cuts across the separate measures. Similarly, Lohmann (1977) has examined the correlational matrix for seven measures of well-being and found a high level of interrelationship indicating that the scales assess a common underlying construct. Her more recent factor analyses of these same scales (1980) revealed two primary factors which are the inverse of each other (positive and negative expressions of well-being) and further support the concept of an underlying construct across the scales. The notion of a unitary well-being, however, is somewhat at odds with the work of Adams (1969), Lawton (1975), Morris and Sherwood (1975), and Liang and Bollen (1983) and others, who have provided evidence of a more complex multidimensionality within the various measures of well-being.

While it is obvious that well-being is time-specific, there has been little attempt to deal with the issue of the time boundedness of perceived well-being other than in the instructional orientation within a particular measure. Bradburn's Affect Balance Scale (1969), for example, is focused on the very recent past. The question of whether satisfaction or well-being varies according to the time frame under consideration has not been systematically addressed despite the use of items directed to the past, the present, and the future and the casual discussion of some researchers (e.g. Marshall, personal communications) of the question of time orientation.

BEST COPY AVAILABLE

The intent of the present study was to examine the combined factor structure of two of the most widely used measures of well-being, the PGC Morale Scale (Lawton, 1972, 1975) and the LSIA (Neugarten et al., 1961; Adams, 1969) and, given our concern with the issue of time, to explore the possibility of interpreting the resulting factors using time--past, present and future--as a focus.

Method

Participants

A total of 420 male residents of a V. A. Domiciliary participated in the project. The men, who were above the age of 50, live in a relatively open environment in a rural area. By definition, domiciliary patients are veterans who for physical, psychiatric, social and/or economic reasons cannot maintain themselves outside of the institutional setting. However, all patients must be able to take care of their own activities of daily living with a minimum of medical or nursing supervision. Additionally, all participants were legally competent, able to move about their environment (at least by wheelchair), and were not actively psychotic or suffering from severe brain dysfunction.

Instruments and Procedure

The PGC (Lawton, 1972) and the LSIA (as modified by Nehrke et al., 1980) were administered to patients participating in a larger study of the environment and aging after obtaining informed consent. The modification of the LSIA consisted of increasing the number of response alternatives from three to five with the end points being Strongly Agree and Strongly Disagree. The foils were not changed. In a counter balancing procedure, the two scales were completed on two consecutive days as part of a larger test battery. For half the participants, the LSIA was on Day One, for the other half, on Day Two.

Results and Discussion

The data from the two scales were combined and factor analyzed using a principal components procedure followed by a varimax rotation. Seven factors, which accounted

BEST COPY AVAILABLE

for a total of 46.7% of the variance, were retained in the analysis. The factors, associated items loading of .5 or more and the percent of variance accounted for by each factor are listed in Table 1. The most immediately striking fact of the

---

Insert Table 1 about here

---

data is the relative lack of overlap of items from the two scales in the factors. There is one LSIA item on Factor I, which otherwise replicates Lawton's (1975) Agitation factor, and one item from the PGC joins three LSIA items on Factor II, which is most similar to Adam's Congruence factor (1969). On Factor III, the two scales are represented at approximately the same level (loadings of .54 and .62) by a single item found on both scales concerning happiness today as compared to when younger. This overlapping is, in fact, a conformation of reliability and the factor is quite simialr to Lawton's (1975) Attitude Toward Own Aging factor. Factors IV and V contain only LSIA items from the Mood Tone and Zest for Life factors. Factor VI with two items and Factor VII with one item loading above .5 are not immediately identifiable with either Lawton's (1975) or Adam's (1969) findings.

Further, from these data, it can be argued that there is also a time orientation aspect within the factors. Factors I, III, IV and VII are oriented toward present levels of well-being. These items concern, for example, such issues as getting upset easily, having as much pep as last year, the fact that most things are boring, and current health status. The statements involve what is currently happening, or are comparative of todays well-being to the past. In contrast, Factor II, except for a relatively weakly loading PGC item (.52), contains three LSIA items, all of which load above .7, that deal with looking back or making changes in the past. Factors V and VI, on the other hand, are oriented primarily toward the future and have items assessing, for example, the presence of plans for the future or expecting

BEST COPY AVAILABLE

some interesting things to happen.

In sum, it must first be noted that when a demanding (.5) loading criterion is used to define the factor structure of the combined well-being measures, the two measures are relatively independent. This is in sharp contrast to the work of Larson (1978) and Lohmann (1978, 1980) who describe an underlying construct and supports the need for a multidimensional approach to psychological well-being. Second, it must be observed that the appearance of time orientation in this analysis is strong, despite the fact that the scales were not originally intended to differentially assess well-being with respect to different time periods. These data make it clear that a greater effort must be made to separate out aspects of well-being associated with the past, present and future so that we may better understand the multidimensional and time related aspects of well-being.

BEST COPY AVAILABLE

REFERENCES

Adams, D. L. Analysis of a life satisfaction index. Journal of Gerontology, 1969, 24, 470-474.

Bradburn, N. M. The structure of psychological well-being. Chicago, Aldine, 1969.

Larson, R. Thirty years of research on the subjective well-being of older Americans. Journal of Gerontology, 1978, 33, 109-125.

Lawton, M. P. The dimensions of morale. In O. Kent, R. Kastenbaum and S. Sherwood (Eds.) Research Planning and Action for the Elderly. New York, Behavioral Publications, Inc., 1972.

Lawton, M. P. The Philadelphia Geriatric Center Morale Scale: A revision. Journal of Gerontology, 1975, 30, 85-89.

Liang, J. and Bollen, K. A. The structure of the Philadelphia Geriatric Center Morale Scale: A reinterpretation. Journal of Gerontology, 1983, 38, 181-189.

Lohmann, N. Correlations of life satisfaction, morale and adjustment measures. Journal of Gerontology, 1977, 32, 73-75.

Lohmann, N. A factor analysis of life satisfaction, adjustment and morale measures with elderly adults. International Journal of Aging and Human Development, 1980, 11, 35-44.

Morris, J. N. and Sherwood, S. A retesting and modification of the Philadelphia Geriatric Center Morale Scale. Journal of Gerontology, 1975, 30, 77-84.

Nehrke, M. F., Hulicka, I. M. and Morganti, J. B. Age differences in life satisfaction, locus of control, and self-concept. International Journal of Aging and Human Development, 1980, 11, 25-34.

Neugarten, B. L., Havighurst, R. J. and Tobin, S. The measure of life satisfaction. Journal of Gerontology, 1961, 16, 134-143.

BEST COPY AVAILABLE

Life Satisfaction Index A

1. As I grow older, things seem better than I thought they would be.
2. I have gotten more of the breaks in life than most people I know.
3. This is the dreariest time of my life.
4. I am just as happy as when I was younger.
5. My life could be happier then it is now.
6. These are the best years of my life.
7. Most of the things I do are boring and monotonous.
8. I expect some interesting and pleasant things to happen to me in the future.
9. The things I do are as interesting to me as they ever were.
10. I feel old and somewhat tired.
11. I feel my age, but it does not bother me.
12. As I look back on my life, I am fairly well satisfied.
13. I would not change my past life even if I could.
14. Compared to other people my age, I've made a lot of foolish decisions in my life.
15. Compared to other people my age, I made a good appearance.
16. I have made plans for things I'll be doing a month or a year from now.
17. When I think back over my life, I didn't get most of the important things I wanted.
18. Compared to other people, I get down in the dumps too often.
19. I've gotten pretty much what I expected out of life.
20. In spite of what people say, the lot of the average man is getting worse, not better.

Philadelphia Geriatric Center Morale Scale

1. Do things keep getting worse as you get older?
2. Do you have as much pep as you did last year?
3. How much do you feel lonely?
4. Do little things bother you more this year?
5. Do you see enough of your friends and relatives?
6. Do you feel that as you get older you are less useful?
7. Do you sometimes worry so much that you can't sleep?
8. As you get older, are things (better, worse, same) than you thought they would be.
9. Do you sometimes feel that life isn't worth living?
10. Are you as happy now as you were when you were younger?
11. Do you have plenty to do most days?
12. Do you have a lot to be sad about?
13. Did people have it better in the old days?
14. Are you afraid of a lot of things?
15. Is you health (Good or not so good)?
16. Do you get mad more than you used to?
17. Is life hard for you most of the time?
18. How satisfied are you with your life today?
19. Do you take things hard?
20. Do you feel that a person has to live for today and not worry about tomorrow?
21. Is your health (better, same, worse) than most people your age?
22. Do you get upset easily?

BEST COPY AVAILABLE

Table 1

Factor Analysis Summary for the Combined

PGC and LSIA Data

	Factors						
Item	I	II	III	IV	V	VI	VII
PGC 22	.73						
PGC 7	.69						
PGC 19	.67						
PGC 12	.63						
PGC 17	.59						
PGC 14	.58						
PGC 16	.55						
PGC 4	.54						
LSIA 18	.50						
LSIA 12		.73					
LSIA 13		.72					
LSIA 11		.71					
PGC 18		.52					
PGC 2			.68				
PGC 10			.62				
PGC 15			.59				
PGC 6			.54				
LSIA 4			.54				

BEST COPY AVAILABLE

Table 1 (cont.)

Factor Analysis Summary for the Combined

PGC and LSIA Data

	Factors						
Item	I	II	III	IV	V	VI	VII
LSIA 7				.71			
LSIA 3				.65			
LSIA 8					.70		
LSIA 15					.58		
LSIA 16					.56	.52	
PGC 20						.50	
PGC 21							.64
Percent Variance Accounted	21.9	6.1	5.0	3.9	3.6	3.3	3.0

BEST COPY AVAILABLE